

2004 Louisiana Resident Amended Return Information Sheet

Do not mail. Taxpayer information copy.

Your first name and initial	Last name	Item changed ← <input type="checkbox"/> <input type="checkbox"/> →	Your Social Security Number
If joint return, spouse's first name and initial	Last name		Spouse's Social Security Number
Present home address		← <input type="checkbox"/>	
City, town or APO State ZIP		← <input type="checkbox"/>	

Filing status

On original return: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

On this return: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

ExemptionsOriginally reported
or adjusted
(Total of 6A and 6B.)

Net change

Correct number
of exemptions

Yourself and spouse: _____
(Includes exemptions for 65/older and Blind.)

Dependents: _____

Taxpayer Copy

Original amount or as previously adjusted	Net change amount of increase or (decrease)	Correct amount
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7	FEDERAL ADJUSTED GROSS INCOME			
8	LESS FEDERAL INCOME TAX			
9	YOUR LOUISIANA TAX TABLE INCOME			
10	YOUR LOUISIANA INCOME TAX			
11	FEDERAL CHILD CARE CREDIT			
NONREFUNDABLE TAX CREDITS				
11A	AMOUNT OF NONREFUNDABLE LOUISIANA CHILD CARE CREDIT CARRIED FROM 2003			
11B	2004 NONREFUNDABLE LOUISIANA CHILD CARE CREDIT			
11C	OTHER NONREFUNDABLE TAX CREDITS			
11D	TOTAL NONREFUNDABLE TAX CREDITS			
12	ADJUSTED LOUISIANA INCOME TAX			
13	CONSUMER USE TAX			
14	TOTAL INCOME TAX AND CONSUMER USE			
REFUNDABLE CREDITS AND PAYMENTS				
15A	2004 REFUNDABLE LOUISIANA CHILD CARE CREDIT			
15B	OTHER REFUNDABLE CREDITS			
15C	AMOUNT OF TAX WITHHELD FOR 2004			
15D	AMOUNT OF CREDIT CARRIED FORWARD FROM 2003			
15E	AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING			

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15F	AMOUNT OF ESTIMATED PAYMENTS FOR 2004			
15G	AMOUNT PAID WITH EXTENSION REQUEST			
15H	TOTAL REFUNDABLE CREDITS AND PAYMENTS			
16	OVERPAYMENT			
DONATIONS				
17A	WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND			
17B	LOUISIANA CANCER TRUST FUND – PROSTATE CANCER			
17C	LOUISIANA ANIMAL WELFARE COMMISSION			
17D	LOUISIANA HOUSING TRUST FUND			
18	AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE TO START			
19	AMOUNT OF LINE 16 TO BE REFUNDED TO YOU			
20	AMOUNT OF LINE 16 TO BE CREDITED TO 2005 INCOME TAX			
21	AMOUNT YOU OWE			
22	INTEREST			
23	DELINQUENT FILING PENALTY			
24	DELINQUENT PAYMENT PENALTY			
25	UNDERPAYMENT PENALTY			
26	BALANCE DUE LOUISIANA			